



Case No.: BEUDE-008B

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): THEODORE V. BENDEREV )  
Serial No.: 09/733,455 )  
Filed: 12/08/00 )  
For: SYSTEM AND METHOD )  
FOR SECURING SUTURES )  
TO BONE AND TISSUE )

Art Unit: 3731  
Examiner: DAVID O. REIP

06/07/2001 BSAYASI1 00000040 09733455

01 FC:126

180.00.00

INFORMATION DISCLOSURE STATEMENT  
PURSUANT TO 37 C.F.R. SECTION 1.97

Assistant Commissioner for Patents  
Washington, D.C. 20231

Dear Sir/Madam:

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06/07/2001 BSAYASI1 0000105936 ME

CHECK Refund Total: \$60.00

Pursuant to 37 C.F.R. § 1.97, the following Information Disclosure Statement is submitted as listed on form PTO/SB/08 enclosed herewith in duplicate. Copies of all disclosure documents are attached hereto for the Examiner's review.

No representation is made that the references disclosed herein legally constitute prior art, or that more relevant references are not available. The disclosure documents enclosed herewith and listed on the attached form (PTO/SB/08) are printed in the English language and/or accompanied by an Abstract published in the English language.

The references listed herein, when taken alone or in combination are not believed to disclose nor make obvious the invention as claimed in the subject application.

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This Information Disclosure Statement is being submitted after three months from the filing date of the subject application and/or after receipt of the initial Office Action, a filing fee check in the amount of \$240.00 is enclosed herein. If any additional fee is required, please charge Deposit Account Number 19-4330.

Respectfully submitted,

Dated: May 29, 2001  
Customer No. 007663

By:

  
Matthew A. Newboles  
Registration No. 36,224  
STETINA BRUNDA GARRED & BRUCKER  
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(949) 855-1246

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DOCKET NO.: BENDE-008B



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Signature

MICHELLE SCHROEDER

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1. Transmittal;
2. Fee Transmittal (in duplicate);
3. Information Disclosure Statement Pursuant to 37 C.F.R. §1.97 (in duplicate);
4. Information Disclosure Statement Form 1449 (in duplicate);
5. Check for \$240.00;
6. Prior Art (3 Patents);
7. Certificate of Mailing; and
8. Return Receipt Postcard.



#9

\$3731

PTO/SB/21 (6-98)

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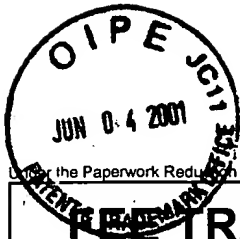
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|   |                        |                      |
|---|------------------------|----------------------|
| <b>TRANSMITTAL FORM</b><br>(to be used for all correspondence after initial filing) | Application Number     | 09/733,455           |
|   | Filing Date            | 12/08/00             |
|   | First Named Inventor   | THEODORE V. BENDEREV |
|   | Group Art Unit         | 3731                 |
|   | Examiner Name          | DAVID O. REIP        |
| Total Number of Pages in This Submission  | Attorney Docket Number | BENDE -008B          |

| ENCLOSURES (check all that apply)   |  |  |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Charge Any Additional Fee Required, to Deposit Account No. 19-4330<br><input type="checkbox"/> Amendment/Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input checked="" type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition Routing Slip (PTO/SB/69 and Accompanying Petition)<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Small Entity Statement<br><input type="checkbox"/> Request for Refund | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):<br><br>Three (3) prior art patents; IDS 1449; IDS Statement (2 Pages); Certificate of Mailing; and Return Receipt Postcard. |
| REMARKS:  |  |  |

|  |  |      |         |
|--|--|------|---------|
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT   |  |      |         |
| Firm or Individual Name  | MATTHEW A. NEWBOLES<br>STETINA BRUNDA GARRED & BRUCKER |      |         |
| Signature  |  |      |         |
| Date   | 5/29/01  |      |         |
| CERTIFICATE OF MAILING   |  |      |         |
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| Typed or printed name  | MICHELLE SCHROEDER                                     |      |         |
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| <b>TRANSMITTAL</b><br><b>for FY 2001</b><br><br>Patent fees are subject to annual revision. |            | <b>Complete if Known</b> |                      |
|   |            | Application Number       | 09/733,455           |
|   |            | Filing Date              | 12/8/00              |
|   |            | First Named Inventor     | THEODORE V. BENDEREV |
|   |            | Examiner Name            | DAVID O. REIP        |
| <b>TOTAL AMOUNT OF PAYMENT</b>  | (\$240.00) | Group Art Unit           | 3731                 |
|   |            | Attorney Docket No.      | BENDE-008B           |

| METHOD OF PAYMENT   |                            | FEE CALCULATION (continued)        |                            |
|---|----------------------------|------------------------------------|----------------------------|
| <b>1.</b> <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:<br><br>Deposit Account Number _____<br><br>Deposit Account Name _____<br><br><input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17<br><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 |                            | <b>3. ADDITIONAL FEES</b>          |                            |
| <b>2.</b> <input checked="" type="checkbox"/> <b>Payment Enclosed:</b><br><br>X Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other  |                            |                                    |                            |
| <b>FEE CALCULATION</b>  |                            |                                    |                            |
| <b>1. BASIC FILING FEE</b>  |                            |                                    |                            |
| Large Entity Fee Code (\$)  | Small Entity Fee Code (\$) | Fee Description                    | Fee Paid                   |
| 101 710   | 201 355                    | Utility Filing fee                 | _____                      |
| 106 320   | 206 160                    | Design Filing fee                  | _____                      |
| 107 490   | 207 245                    | Plant Filing fee                   | _____                      |
| 108 710   | 208 355                    | Reissue Filing fee                 | _____                      |
| 114 150   | 214 75                     | Provisional Filing fee             | _____                      |
| <b>SUBTOTAL (1)</b>   |                            |                                    | \$ 0                       |
| <b>2. EXTRA CLAIM FEES</b>  |                            |                                    |                            |
| Total Claims _____ - 20** = _____ X _____ = _____   |                            |                                    |                            |
| Independent Claims _____ - 3 = _____ X _____ = _____  |                            |                                    |                            |
| Multiple Dependent _____ = _____  |                            |                                    |                            |
| Large Entity Fee Code (\$)  | Small Entity Fee Code (\$) | Fee Description                    | Fee Paid                   |
| 103 18  | 203 9                      | Claims in excess of 20             | _____                      |
| 102 80  | 202 40                     | Independent claims in excess of 3  | _____                      |
| 104 270   | 204 135                    |                                    | _____                      |
| 109 80  | 209 40                     |                                    | _____                      |
| 110 18  | 210 9                      |                                    | _____                      |
| <b>SUBTOTAL (2)</b>   |                            |                                    | \$ 0                       |
| **or number previously paid, if greater; For Reissues, see above  |                            |                                    |                            |
|   |                            | <b>3. ADDITIONAL FEES</b>          |                            |
|   |                            | Large Entity Fee Code (\$)         | Small Entity Fee Code (\$) |
|   |                            | 105 130                            | 205 65                     |
|   |                            | 127 50                             | 227 25                     |
|   |                            | 139 130                            | 139 130                    |
|   |                            | 128 2,520                          | 147 2,520                  |
|   |                            | 112 920*                           | 112 920*                   |
|   |                            | 113 1,840*                         | 113 1,840*                 |
|   |                            | 115 110                            | 215 55                     |
|   |                            | 116 390                            | 216 195                    |
|   |                            | 117 890                            | 217 445                    |
|   |                            | 118 1,390                          | 218 695                    |
|   |                            | 128 1,890                          | 228 945                    |
|   |                            | 119 310                            | 219 155                    |
|   |                            | 120 310                            | 220 155                    |
|   |                            | 121 270                            | 221 135                    |
|   |                            | 138 1,510                          | 138 1,510                  |
|   |                            | 140 110                            | 240 55                     |
|   |                            | 141 1,240                          | 241 620                    |
|   |                            | 142 1,240                          | 242 620                    |
|   |                            | 143 440                            | 243 220                    |
|   |                            | 144 600                            | 244 300                    |
|   |                            | 122 130                            | 122 130                    |
|   |                            | 123 50                             | 123 50                     |
|   |                            | 126 240                            | 126 240                    |
|   |                            | 581 40                             | 5 81 40                    |
|   |                            | 146 710                            | 246 355                    |
|   |                            | 149 710                            | 249 355                    |
|   |                            | 179 710                            | 279 355                    |
|   |                            | 169 900                            | 169 900                    |
|   |                            | Other fee (specify) _____          |                            |
|   |                            | * Reduced by Basic Filing Fee Paid |                            |
|   |                            | <b>SUBTOTAL (3)</b>                |                            |

|                      |                     |                                 |                |
|----------------------|---------------------|---------------------------------|----------------|
| <b>SUBMITTED BY:</b> |                     | <b>Complete (if applicable)</b> |                |
| Name (Print/Type)    | MATTHEW A. NEWBOLES | Registration No. (Aty/Agent)    | 36,224         |
| Signature            |                     | Telephone                       | (949) 855-1246 |
|                      |                     | Date                            | 5/29/01        |

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